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AO 239 (01/09) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

RECEIVED

UNITED STATES DISTRICT COURT

for the

MAY 23 2014

Clerk, U.S. District Court. District Of Montana Missoula

District of Montana

Clinton Rusthoven

Plaintiff/Petitioner

Civ

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS (Long Form)

Affidavit in Support of the Application

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Signed:

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: 5-21-14

Civil Action No.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly income amount during the past 12 months		Income amount expecte next month		
	You		Spouse	You	Spouse
Employment	\$ 750.00	\$	N/A	\$ 900.00	s NA
Self-employment	\$ N/A	\$	N/A	\$ NA	s N/A
Income from real property (such as rental income)	\$ NA	\$	NA	\$ N/A	s N/A
Interest and dividends	\$ NA	\$	NA	\$ N/A	s N/A
Gifts	\$ N/A	\$	NA	\$ NIA	s N/A
Alimony	\$ N/A	\$	NA	\$ N/A	s N/A
Child support	\$ NA	\$	NIA	\$ NÃ	s N/A

Retirement (such as social security, pensions, annuities,	\$ 0	\$ ٥	\$ 0	\$ (N/A)
Disability (such as social security, insurance payments)	\$ 0	\$ ٥	\$ 0	\$ O(N/A)
Unemployment payments	\$ 0	\$ <u> </u>	\$ 0	\$
Public-assistance (such as welfare)	\$ NA	\$ NÍA	\$ NÁ	\$ NA
Other (specify): SNAP Benefits	\$ 189.00	\$ N/A	\$ 189 ≌	\$ NA
Total monthly income:	\$ 939.39	\$ NIA	\$ 1,089.00	\$ NA

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
Billings Schools	3700 Madison Ave. Billings MT 59101	Feb. 20th - 2014 to	s 1,040
NA	NA	NA	s N/A

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
N/A	N/A	NA	s NA
NA	NA	NA	* NA
NA	N/A	NA	s NA

4. How much cash do you and your spouse have? \$ 800.

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
Wells Fargo Bank	Checking	s 40.00	* NA
Wells Fargo Bank	Savings	\$ 200. ≌	* NA
N/A J	N/A	s N/A	* NA

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their value household furnishings.	nes, which you own or your spouse o	owns. Do not list cloth	ning and ordinary			
	Assets owned by you or your	spouse				
Home (Value) \$0 N/A		\$	0			
Other real estate (Value)		\$	0			
Motor vehicle #1 (Value)		\$	0			
Make and year:	4					
Model:	Ė.					
Registration #:	H					
Motor vehicle #2 (Value)	À	\$	0			
Make and year:	I/A					
Model:	/A					
Registration #:	V/A					
Other assets (Value)	/A	\$ (D			
Other assets (Value)	<u>'A</u>	\$ (D			
6. State every person, business,	or organization owing you or your	spouse money, and th	e amount owed.			
Person owing you or your spouse	Amount owed to you	Amount o	amount owed to your spouse			
MA	s N/A	s N/A				
N/A	s N/A	s N/A				
NA	s NA	s N/A				
7. State the persons who rely or	n you or your spouse for support.					
Name (or, if under 18, initials only)	Relationship		Age			
Raylene Rustlove	en Mo	ther	52			
N/A	700	NIA	NA			
NA		NA	NA			

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (including lot rented for mobile home) Are real estate taxes included? Yes No Is property insurance included? Yes No	s 440.ºº	s NA
Utilities (electricity, heating fuel, water, sewer, and telephone)	s 40. ≌	s NA
Home maintenance (repairs and upkeep)	s ()	s NA
Food	\$ 30.€	* Nift
Clothing	\$ 20.22	s NA
Laundry and dry-cleaning	s 20.00	s NA
Medical and dental expenses	s 🕖	* NA
Transportation (not including motor vehicle payments)	\$ 22·99	* NA
Recreation, entertainment, newspapers, magazines, etc.	s 80.22	s NA
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	s	* NA
Life: NA	s ()	s N/A
Health: MA	s 💍	* NA
Motor vehicle: NA (Take the bis).	\$	s NA
Other: NA	s	s NA
Taxes (not deducted from wages or included in mortgage payments) (specify):	s (s NA
Installment payments		
Motor vehicle: MA	s ()	* NA
Motor vehicle: MA Credit card (name): MA	s O	s N/A
Department store (name):	\$ \(\)	s N/A
Other: MA	s O	s NA
Alimony, maintenance, and support paid to others	s O	\$ NA

Regula stateme	ar expenses for operation of business, profession, or farm (attach detailed nt)	\$	0		s NH	4
Other	(specify):	\$	0		$^{\mathbf{s}}$ N $\#$	7
	Total monthly expenses:	\$	652	.≌	s NH	9
9.	Do you expect any major changes to your monthly income or expenses o next 12 months?	r in	your asset	s or liab	ilities dur	ing the
	☐ Yes No If yes, describe on an attached sheet.					
10.	Have you paid — or will you be paying — an attorney any money for seincluding the completion of this form? ☐ Yes ☐ No	rvic	es in conn	ection w	ith this ca	se,
	If yes, how much? \$					
	NA					
11.	Have you paid — or will you be paying — anyone other than an attorney for services in connection with this case, including the completion of this			legal or a Yes	typist) any No	money
	If yes, how much? \$ \frac{\sqrt{H}}{\sqrt{H}} If yes, state the person's name, address, and telephone number:					
	NA					
12.	Provide any other information that will help explain why you cannot pay	the	costs of t	nese pro	ceedings.	. /h
	Am a substitute teacher and will in	<u>0</u> 0	i be	. War	KING	111
13.	Identify the city and state of your legal residence. Billings of MT					
	Una-850 9911	_	11			
	Your age: 31 Your years of schooling: 3 years of	C	ollege	2-•		
	Last four digits of your social-security number:					